

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 2073

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 51 years
years, months or days)

8. (a) PRINT FULL NAME Frank Young Leslie

3. (b) If veteran, name war None 8. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Laura B. Leslie 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased December 22, 1861.
(Month) (Day) (Year)

8. AGE: Years 78 Months 3 Days 6 If less than one day hr. min.

9. Birthplace Brighton Ontario Canada.
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Ely-Walker Dry Goods Company

12. Name David Leslie

13. Birthplace Unknown Scotland.
(City, town, or county) (State or foreign country)

14. Maiden name Margaret MacFaul

15. Birthplace Unknown Canada.
(City, town, or county) (State or foreign country)

16. (a) Informant Laura B. Leslie

(b) Address 4716 McPherson Ave.

17. (a) Cremation (b) Date thereof 3/30/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Albert H. Hoppe Inc.

(b) Address 4700 Washington Blvd.

19. (a) MAR 29 1940 (b) J. P. Bess
(Date received local registration) (Signature of local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis, 12
(If outside city or town limits, write "RURAL")
(d) Street No. 4716 McPherson Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28
year 1940 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from June 1938, to March 28 1940
that I last saw him alive on March 28 1940
and that death occurred on the date and hour stated above.

Immediate cause of death General debility and heart failure Duration 1 week

Due to age
No definite heart disease

Due to _____
Other conditions Loose motion
(Include pregnancy within 3 months of death)

Major findings: Of operations 80

Of autopsy Congestive pulmonary congestion
Lungs and heart normal.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature John B. Alford (M. D. or other) _____
Address University Club Bldg Date signed 3/29/40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed _____

J. G. Sullivan

Licensed Embalmer No. 1172

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.